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| NAME | | EMPLOYEE <input type="checkbox"/> | | TELEPHONE NO. | | | | | | |
| | | CARD FILLED BY: OTHER <input type="checkbox"/> | | | | | | | | |
| INSTRUCTIONS PLEASE READ THE ACCOMPANYING CARD CAREFULLY AND THEN READ THIS CARD AND FILL IT OUT AS ACCURATELY AS POSSIBLE. THIS CARD <u>MUST</u> BE RETURNED REGARDLESS OF WHETHER YOU HAVE HAD ANY OVERSEAS SERVICE OR NOT : | | THIS CARD MUST BE RETURNED | | | | | | | | |
| | | EMPL. NO. | WHERE SERVICE WAS PERFORMED | PCS-1 TDY-2 ENTER NO. | DATES FROM AND TO FROM TO MO. YR. MO. YR. | | | | SERVICE AS: CIVILIAN-1 MILITARY-2 ENTER NO. | RESPONSIBLE US GOV'T COMPONENT |
| RECORD OF OVERSEAS (O/S) SERVICE DO NOT WRITE IN THIS BOX | | | | | | | | | | |
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| IF YOU NEED ADDITIONAL SPACE CHECK HERE AND ASK FOR A SUPPLEMENTAL CARD | | | | | | | | | | |

SECRET
WHEN FILLED IN